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PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number										t Number			
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OR	OTHER T	
FOR NUMBER FILED						NUMBER	EXTRA	R.A	TE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))								***		s <u>370</u>	OR	, po.	s
TOT	AL CLAIMS CFR 1.16(e))		minus 20 =			*	x \$_			OR	x \$=		
INDEPENDENT CLAIMS (37 CFR 1.16(b))			minus 3 =			•			x=			x=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+	_=		OR	+=		
★ If the difference in column 1 is less then zero, enter "0" in column 2							то	ΓAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMA	ALL E	ENTITY	OR	OTHER T	
AMENDMENT A		REMA AFT	AIMS AINING TER DMENT		NU PREV	GHEST IMBER IOUSLY ID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total (37 CFR 1.16(c))	*		Minus	**		=	x \$=	_=		OR	x \$=	
ME	Independent (37 CFR 1.16(b))			Minus	***		=	x	_=		OR OR	x=	
V	FIRST PRESENTATION OF MULTIPLE DEP					ENDENT CLAIM (37 CFR 1.16(d))			_=		OR	+=	
(Column 1) (Column 2) (Column 3)							TO ADDIT.	TAL FEE		ORA	TOTAL DDIT. FEE		
AMENDMENT B		CLA REMA AFT	AIMS AINING FER DMENT		HIO NU PREV	GHEST JMBER JIOUSLY ID FOR	PRESENT EXTRA	RA		ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*		Minus	**		=	x \$_	x \$=			x \$=	
	Independent (37 CFR 1.16(b))	*		Minus	***		=	x	_=		OR OR	x=	
A	FIRST PRESENTATION OF MULTIPLE DEF				ENDEN	T CLAIM	(37 CFR 1.16(d))] [+_	_=		OR	+=	
(Column I)						lumn 2)	(Column 3)	TO ADDIT	TAL FEE		OR	TOTAL DDIT. FEE	
AMENDMENT C		REMA AF	AIMS AINING FER DMENT		NU PREV	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*		Minus	**		=	x \$_	=		OR OR	x \$=	
	Independent (37 CFR 1.16(b))	*		Minus	***		=] <u> </u> ×	_=		OR	x=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								_=		OR	+=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".									OTAL . FEE		OR A	TOTAL DDIT. FEE	

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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								Application or Docket Number										
PATENT APPLICATION FEE DETERMINATION RECOF																		
Effective October 1, 2001																		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OR	OTHER THAN						
то	TAL CLAIMS		5					RATE FEE		FEE		RATE	FEE					
FOI	R		NUMBER F	FILED	NUMBER EXTRA			BASIC FEE 370.00		370.00	OR	BASIC FEE	740.00					
то	TAL CHARGEA	BLE CLAIMS	≤ min	us 20=	* 0			X\$ 9=			OR	X\$18=						
IND	EPENDENT CL	AIMS	/ mii	nus 3 =	* &			X42=			OR	X84=						
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT						+140=		OR	+280=						
* If	the difference	in column 1 is l	less than zero, enter "0" in column 2							370	OR	TOTAL						
1	CI	- PAR	TII							OTHER								
 		(Column 1)	(Column 2) HIGHEST			(Column 3)	Column 3) SMALI			ENTITY	OR	SMALL						
AMENDMENT A		CLAIMS REMAINING ÁFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE					
MON	Total	*	Minus	**		=		X\$ 9)= 	L	OR	X\$18=						
ME	Independent	*	Minus	***		=		X42	=		OR	X84=						
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+140)=		1	+280=						
ľ	e gradini sa katalan k						•	TOTAL			OR	TOTAL	<u> </u>					
	-	(Caluma 4)	(Column 2) (Column 3)					ADDIT. I		<u> </u>	OR	ADDIT. FEE						
		(Column 1) CLAIMS		(Column 3)			\neg	ADDI-] (ADDI-							
MENDMENT B		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RAT	E	TIONAL FEE		RATE	TIONAL FEE					
NDW	Total	*	Minus	**		=		X\$ 9)=		OR	X\$18=						
AMEI	Independent	*	Minus	***	F.O. 4]=		X42	=		OR	X84=						
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ĺ		(Column 1)		(Column 2) (Column 3)					FEE		4 ~ · · '	ADDIT. FEE						
		(Column 1) CLAIMS		HIGH	HEST] r		\neg	ADDI-	i 1		ADDI-					
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RAT	E	TIONAL FEE		RATE	TIONAL FEE					
NON	Total	*	Minus	**		=		X\$ 9	=		OR	X\$18=						
\ME	Independent	*	Minus	***		=		X42:	=		OR	X84=						
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											1300						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE											OR	+280= TOTAL	ļ					
**	If the "Highest Nur If the "Highest Nu	mber Previously Pa mber Previously Pa	aid For" IN THI aid For" IN THI	S SPACE	is less that is less tha	n 20, enter "20. In 3, enter "3."		ADDIT. F	EE		_	ADDIT. FEE						
	The "Highest Num	ber Previously Pai	id For" (Total o	r Independ	lent) is the	highest number	er fou	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										